

# Determination of Eligibility Packet

- ♦ This eligibility packet is part of the hiring process for applicants seeking employment with the Woodstock Police Department. The purpose of this packet is to ensure police officer candidates meet minimum qualification standards, as well as the standards of integrity and moral character necessary for the position prior to proceeding with mandatory testing.
- ♦ In order to proceed to the next phase of this process, this packet must be completed *in entirety*. All statements are subject to verification. Incorrect or untruthful statements, to include intentional omissions or distortion of facts, will result in immediate termination from the hiring process. *Make a complete and thorough check that all page numbers are sequential and your answers to each question or statement are clearly indicated.*
- ♦ ALL forms in the two packets must be completed or acknowledged. For example, if you have never been in the military, complete the Release of Information Form for the Military anyway (last page of waiver packet). We can then verify you have never been in the Military. Credit information provided is not inquired upon until after a conditional offer of employment is extended and accepted.
- ♦ This packet may be written legibly in black or blue ink in the candidate's own handwriting.
- ♦ Ensure your email address is current and the account is checked often. Communication via e-mail is used often due to the size of the applicant pool. If you have questions you are unable to resolve, please e-mail me at [kmurphy@woodstockga.gov](mailto:kmurphy@woodstockga.gov)
- ♦ Place an 'X' in the yes/no boxes to indicate the most correct answer if it applies. If a question does not apply to you, place 'N/A' next to the question to indicate 'not applicable'.
- ♦ Candidates meeting or exceeding acceptable criteria will be notified by mail of the date and time of the written and physical tests. Candidates not meeting criteria as determined by information provided, will be notified by via letter of their disqualification from the hiring process.
- ♦ The City of Woodstock is committed to a policy of nondiscrimination and equal opportunity. Employment opportunities shall be made without regard to race, color, religion, sex, sexual orientation, age, national origin, disability, marital status or political affiliation.





List all organizations, clubs & associations of which you a member, were a member or have ever been linked with:

Name	Date of membership/Association	Active Member/Not Active Member
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Purpose of group (Example: Gun Rights, Motorcycle Club, Environmental Advocacy, Animal Welfare, etc.)

Name	Date of membership/Association	Active Member/Not Active Member
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### MARITAL / FAMILY HISTORY

☐ Single ☐ Live-In Partner ☐ Engaged ☐ Married ☐ Legally Separated ☐ Divorced ☐ Widowed

Present spouse or live-in partner information:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date of marriage: \_\_\_\_\_ County of Marriage: \_\_\_\_\_

Ex-spouse's name: \_\_\_\_\_

Cause for no longer being married: \_\_\_\_\_  
(Examples: Annulment, Divorce, Deceased, Etc.)

Has any member of your immediate family ever been arrested, convicted or plead guilty to a felony or misdemeanor crime? ☐ Yes ☐ No

If yes, please provide:

Name	Relationship	Arresting Agency	Charges	Date	Disposition
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Name	Relationship	Arresting Agency	Charges	Date	Disposition
------	--------------	------------------	---------	------	-------------

Name	Relationship	Arresting Agency	Charges	Date	Disposition
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Please list every child born to you, adopted by you, step-children or children otherwise supported by you:

NAME

AGE

RELATIONSHIP TO YOU

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**O.C.G.A. 19-13-1:**

***“Family violence” means the occurrence of one or more of the following acts between past or present spouses, persons who are parents of the same child, parents and children, stepparents and stepchildren, foster parents and foster children, or other persons living or formerly living in the same household; any felony or commission of the offenses of battery, simple battery, simple assault, assault, stalking, criminal damage to property, unlawful restraint, or criminal trespass.***

Have you ever engaged in any act of family violence? ☐ Yes ☐ No

Have you ever been accused of an act of family violence? ☐ Yes ☐ No

Have you ever been a victim of family violence? ☐ Yes ☐ No

Have you ever been questioned by law enforcement regarding a family violence incident in which you were involved? ☐ Yes ☐ No

Have you even been arrested for an act of family violence? ☐ Yes ☐ No

Have you ever been convicted of an act of family violence? ☐ Yes ☐ No

Have you ever been served with a temporary protective order, restraining order, and/or any other type of order to maintain/keep the peace? ☐ Yes ☐ No

## EDUCATIONAL BACKGROUND

Are you a high school graduate? ☐ Yes ☐ No Year graduated: \_\_\_\_\_

Name of High School Attended: \_\_\_\_\_

Location of High School Attended: \_\_\_\_\_  
city state

If no, do you have an equivalent certificate/GED? ☐ Yes ☐ No Year obtained: \_\_\_\_\_

List all training schools, colleges, trade schools, etc. that you have attended following high school, whether completed or not. Include full address, dates attended / completed and the certificate title or degree earned.

School Name	Address	City/State	Dates	Degree
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Were you ever expelled or suspended from any school? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever attended a **Mandated School or Law Enforcement Academy** for certification as a **Police Officer, Sheriff's Deputy**?

☐ Yes ☐ No

Jailer Certification and/or Corrections Officer? ☐ Yes ☐ No

If yes:

Where attended: \_\_\_\_\_

Dates Attended: \_\_\_\_\_

Certification Number: \_\_\_\_\_

### ***IF YES, YOU MUST PROVIDE A COPY OF CERTIFICATIONS***

If prior law enforcement, are you bound to a contract concerning any training you may have received from your previous employer?

☐ Yes ☐ No

## EMPLOYMENT HISTORY

***If you answer YES to any of the following questions, please explain in the space below each question.***

Have you ever applied for a position or worked for the City of Woodstock before?

☐ Yes ☐ No \_\_\_\_\_

\_\_\_\_\_

Are you now, or have you ever been related to any employee of the City of Woodstock?

☐ Yes ☐ No \_\_\_\_\_

\_\_\_\_\_

Are you now or have you ever been engaged in any business as an owner, partner, or corporate member?

☐ Yes ☐ No \_\_\_\_\_

\_\_\_\_\_

Have you ever been reprimanded for being late or absent from work?

☐ Yes ☐ No \_\_\_\_\_

\_\_\_\_\_

Have you ever been formally reprimanded/written up by a work supervisor?

☐ Yes ☐ No \_\_\_\_\_

\_\_\_\_\_

Have you ever had disagreements with previous employers concerning job duties/working conditions?

☐ Yes ☐ No \_\_\_\_\_

\_\_\_\_\_

Have you ever been fired or involuntarily terminated from work by a previous employer?

☐ Yes ☐ No \_\_\_\_\_

\_\_\_\_\_

Have you ever left a job without giving notice?

☐ Yes ☐ No \_\_\_\_\_

\_\_\_\_\_

Have you ever resigned in lieu of termination or after an internal investigation has been started by your employer involving you?

☐ Yes ☐ No \_\_\_\_\_

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**The next three questions are for *certified* applicants only:**

Have you ever been investigated by P.O.S.T. or your state's equivalent of a law enforcement governing body?

☐ Yes ☐ No If yes, provide applicable documents

Have you ever been the subject of an internal investigation either founded or unfounded?

☐ Yes ☐ No If yes, provide applicable documents

Has your law enforcement certification ever been placed on probation, suspended, or revoked for any reason in any state?

☐ Yes ☐ No If yes, provide applicable documents

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Have you had experience with working varying or rotating shifts at work?

☐ Yes ☐ No

Are you willing to work varying or rotating shifts?

☐ Yes ☐ No

If it became necessary to take a human life in performance of your duties as a law enforcement officer, would you be reluctant to do so?

☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

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List all employment you have held **beginning with your most recent employer**. If applicable, include military service in the proper time sequence and temporary part-time employment no matter how little time was involved. If you were unemployed for a given period, provide the dates in the proper sequence.

From: \_\_\_\_\_ To: \_\_\_\_\_ Position Held: \_\_\_\_\_ Salary: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Phone No.: (\_\_\_\_\_) \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Your Duties: \_\_\_\_\_ Reason for Leaving? \_\_\_\_\_

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From: \_\_\_\_\_ To: \_\_\_\_\_ Position Held: \_\_\_\_\_ Salary: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Phone No.: (\_\_\_\_\_) \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Your Duties: \_\_\_\_\_ Reason for Leaving? \_\_\_\_\_

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From: \_\_\_\_\_ To: \_\_\_\_\_ Position Held: \_\_\_\_\_ Salary: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Phone No.: (\_\_\_\_\_) \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Your Duties: \_\_\_\_\_ Reason for Leaving? \_\_\_\_\_



From: \_\_\_\_\_ To: \_\_\_\_\_ Position Held: \_\_\_\_\_ Salary: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Phone No.: (\_\_\_\_\_) \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Your Duties: \_\_\_\_\_ Reason for Leaving? \_\_\_\_\_

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From: \_\_\_\_\_ To: \_\_\_\_\_ Position Held: \_\_\_\_\_ Salary: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Phone No.: (\_\_\_\_\_) \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Your Duties: \_\_\_\_\_ Reason for Leaving? \_\_\_\_\_

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From: \_\_\_\_\_ To: \_\_\_\_\_ Position Held: \_\_\_\_\_ Salary: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Phone No.: (\_\_\_\_\_) \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Your Duties: \_\_\_\_\_ Reason for Leaving? \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Position Held: \_\_\_\_\_ Salary: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Phone No.: (\_\_\_\_\_) \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Your Duties: \_\_\_\_\_ Reason for Leaving? \_\_\_\_\_

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From: \_\_\_\_\_ To: \_\_\_\_\_ Position Held: \_\_\_\_\_ Salary: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Phone No.: (\_\_\_\_\_) \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Your Duties: \_\_\_\_\_ Reason for Leaving? \_\_\_\_\_

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From: \_\_\_\_\_ To: \_\_\_\_\_ Position Held: \_\_\_\_\_ Salary: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Phone No.: (\_\_\_\_\_) \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Your Duties: \_\_\_\_\_ Reason for Leaving? \_\_\_\_\_

## FINANCIAL AND CREDIT HISTORY

In regards to your residence, do you: ☐ Rent ☐ Own or are buying ☐ Live with: \_\_\_\_\_

How much mortgage or rent do you pay per month? \$ \_\_\_\_\_

Do you own or lease a car, truck or motorcycle? ☐ Yes ☐ No

If not, do you have reliable transportation? ☐ Yes ☐ No

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Tag # \_\_\_\_\_ State: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Tag # \_\_\_\_\_ State: \_\_\_\_\_

Do you currently have at least minimum required automobile insurance on your vehicle(s)? ☐ Yes ☐ No

If yes, list company and policy number.

\_\_\_\_\_

Please list all your monthly payments, to include housing, utilities, all creditors, etc. Use extra pages as necessary.

COMPANY	APPROXIMATE MONTHLY PAYMENT	BALANCE DUE
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Are you currently delinquent on any payments or debts? ☐ Yes ☐ No

If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

Have you ever filed for bankruptcy, Chapter 7, Chapter 11, or Chapter 13? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Have you ever had any wage garnishments?

☐ Yes

☐ No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Have you ever had anything repossessed?

☐ Yes

☐ No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

What is your total indebtedness (all money owed to creditors) at present? \$ \_\_\_\_\_

Are you under court order to make payments to any person, entity, corporation, etc.?

☐ Yes

☐ No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Do you gamble or play the lottery?

☐ Yes

☐ No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Do you have any gambling debts?

☐ Yes

☐ No

If yes, amount owed: \$ \_\_\_\_\_ To whom is it owed? \_\_\_\_\_

## MILITARY HISTORY

Have you ever served in a military organization of the United States, to include the Reserves or National Guard?

☐ Yes

☐ No

If yes: Branch of Service: \_\_\_\_\_

Highest rank held: \_\_\_\_\_

Medals /Decorations: \_\_\_\_\_

Discharge Type: \_\_\_\_\_ Reenlistment Code: \_\_\_\_\_

Date and location of Discharge: \_\_\_\_\_

From	To	Rank/Rating held

Have you ever received any type of military disciplinary action such as Courts Martial, Articles 15, Captain's Masts, etc ☐ Yes ☐ No

[illegible]

Do you drink alcoholic beverages? ☐ Yes ☐ No

If yes, what type, how frequently, and how much: \_\_\_\_\_

Have you ever lost a job because of a drinking problem? ☐ Yes ☐ No

Have you ever been counseled by an employer because of your drinking habits? ☐ Yes ☐ No

Have you ever called in sick because you were intoxicated or had a hangover? ☐ Yes ☐ No

During the last ten years, approximately how many times have you used alcohol during working hours? This would include during lunch or coffee breaks as well as while actually working. Circle the approximate number.

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Have you ever committed an alcohol related offense?

☐ Yes

☐ No

If yes, please explain: \_\_\_\_\_

Have you ever been arrested because of drinking?

☐ Yes

☐ No

If yes, please explain: \_\_\_\_\_

Have you ever held a job where alcohol use was common during business hours?

☐ Yes

☐ No

If yes, please explain: \_\_\_\_\_

Have you ever had any trouble with your spouse or family due to the use of alcohol?

☐ Yes

☐ No

If yes, please explain: \_\_\_\_\_

Have you ever been fired or penalized because of drinking?

☐ Yes

☐ No

If yes, please explain: \_\_\_\_\_

## DRUG USE

The following section deals with any past or present use of drugs. ***If you answer yes to any of the following questions, provide a full explanation in the space provided in this section.*** Use extra sheets as needed.

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Have you ever possessed or delivered illegal drugs?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever sold or given away to family or friends any illegal drugs?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever tried or used marijuana?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever tried or used any other illegal drug, opiates, pills, etc.?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| During the past ten years, have you ever used marijuana or other illegal drugs while at work (including lunch or coffee breaks)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever overdosed on illegal drugs?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever illegally used someone else's prescription?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever grown/harvested or participated in growing/harvesting marijuana?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever manufactured or participated in manufacturing illegal drugs?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever intentionally transported illegal drugs?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever "set up" a drug buy?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever been with friends when they were buying illegal drugs?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever forged, stolen, bought, or sold a drug prescription?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever possessed or attempted to pass a forged prescription?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever been arrested or convicted for a drug violation?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever stolen drugs?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever sold any substance which you claimed to be an illegal drug, but was not?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever been associated with any person who is/was involved in any illegal drug activity?                                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Check the drug then provide a brief description stating the date last used (as close to the month & year as possible, whether you sold, purchased or possessed it, and your age at the time.**

**\*\*If known by any other name other than those listed, please print and describe the type of drug used.\*\***

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> HEROIN          | <input type="checkbox"/> BLUES         | <input type="checkbox"/> GHB            |
| <input type="checkbox"/> OPIUM           | <input type="checkbox"/> TEES          | <input type="checkbox"/> PEYOTE         |
| <input type="checkbox"/> MORPHINE        | <input type="checkbox"/> SPECIAL K     | <input type="checkbox"/> Mescaline      |
| <input type="checkbox"/> COCAINE         | <input type="checkbox"/> BEAUTIES      | <input type="checkbox"/> HASHISH        |
| <input type="checkbox"/> LSD             | <input type="checkbox"/> RJS           | <input type="checkbox"/> HASH OIL       |
| <input type="checkbox"/> ANGEL DUST      | <input type="checkbox"/> PHENOBARBITAL | <input type="checkbox"/> DRAGON         |
| <input type="checkbox"/> COKE            | <input type="checkbox"/> NEMBUTAL      | <input type="checkbox"/> TALWIN         |
| <input type="checkbox"/> VICODIN         | <input type="checkbox"/> SECONAL       | <input type="checkbox"/> CRANK          |
| <input type="checkbox"/> SNOW            | <input type="checkbox"/> REDS          | <input type="checkbox"/> CRACK          |
| <input type="checkbox"/> SNORT           | <input type="checkbox"/> GLUE          | <input type="checkbox"/> THAI STICK     |
| <input type="checkbox"/> PCP             | <input type="checkbox"/> PRELUDIN      | <input type="checkbox"/> THC            |
| <input type="checkbox"/> ACID            | <input type="checkbox"/> LUDES         | <input type="checkbox"/> PSILOCYBIN     |
| <input type="checkbox"/> VALIUM          | <input type="checkbox"/> QUAALUDE      | <input type="checkbox"/> TALWIN/PZB     |
| <input type="checkbox"/> CODEINE         | <input type="checkbox"/> BLUE NITRO    | <input type="checkbox"/> AMPHETAMINES   |
| <input type="checkbox"/> DILAUDID        | <input type="checkbox"/> EQUANIL       | <input type="checkbox"/> BARBITUATES    |
| <input type="checkbox"/> PERCODAN        | <input type="checkbox"/> LIBRIUM       | <input type="checkbox"/> METHADONE      |
| <input type="checkbox"/> SPECKLE BIRD    | <input type="checkbox"/> OXYCODON      | <input type="checkbox"/> MDA            |
| <input type="checkbox"/> TYLOX           | <input type="checkbox"/> MEPERIDINE    | <input type="checkbox"/> UPPERS         |
| <input type="checkbox"/> DEMEROL         | <input type="checkbox"/> BENZEDRINE    | <input type="checkbox"/> DOWNERS        |
| <input type="checkbox"/> METHAMPHETAMINE | <input type="checkbox"/> BENNIES       | <input type="checkbox"/> ECSTACY        |
| <input type="checkbox"/> SPEED           | <input type="checkbox"/> DEXEDRINE     | <input type="checkbox"/> BIPHETAMINES   |
| <input type="checkbox"/> SOPEAS          | <input type="checkbox"/> MARIJUANA     | <input type="checkbox"/> STP OR RUFFIES |
| <input type="checkbox"/> KAT             | <input type="checkbox"/> MUSHROOMS     | <input type="checkbox"/> METHAQUALANE   |
| <input type="checkbox"/> RUSH            | <input type="checkbox"/> NEXUS         | <input type="checkbox"/> GEEK JOINT     |
| <input type="checkbox"/> ICE             | <input type="checkbox"/> STEROIDS      | <input type="checkbox"/> CRYSTAL METH   |
| <input type="checkbox"/> SKITTLES        | <input type="checkbox"/> 8 BALL        | <input type="checkbox"/> SPEED          |

**Dates, sold/purchased/possessed and age:**

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## PRIOR CRIMINAL JUSTICE EMPLOYMENT HISTORY

- ❖ If you have **ever** been employed by a **criminal justice or law enforcement agency**, answer the following questions.
- ❖ If you answer **Yes** to any question, explain in the space provided at the end of the section.
- ❖ If you have no criminal justice experience, **place 'N/A' at the end of this paragraph** and go to the next section. Use extra sheets as needed. \_\_\_\_\_

Have you ever accepted a payoff or bribe?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever stolen anything from anyone you arrested?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever kept the property of someone that you arrested?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you ever carry a 'throw down' weapon?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever unlawfully entered a business or residence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever stolen anything from a motor vehicle?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever falsified an expense voucher?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever received any type of gratuity for dropping a case or disposing of an arrest or ticket?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever tampered with evidence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever kept, for personal use or for resale, any illegal drugs taken from someone who had been arrested, detained, or questioned?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever illegally destroyed a case file, computer entry, or official report?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever planted evidence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Were you ever suspended without pay from your job?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever 'tipped off' a person about an active investigation involving them?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you ever 'cover up' a criminal offense for a friend or relative?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Since you were first employed in criminal justice work, have you used or sold marijuana, cocaine, or other illegal drugs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever stolen anything from a crime scene?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been a party to a lawsuit as a result of your actions in the performance of your job?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

## CRIMINAL HISTORY INFORMATION

- ❖ In this section, you will be asked questions regarding your involvement in criminal activity. DO NOT INCLUDE TRAFFIC CITATIONS UNLESS YOU WERE PHYSICALLY ARRESTED AND TAKEN TO JAIL.
- ❖ If you answer **‘Yes’** to any of the following questions, please use the provided space at the end of the section to explain, in detail, all of the circumstances surrounding the event. You should answer the questions who, what, where, when, how and why. Use extra sheets as needed.

Have you ever been arrested or convicted of a crime?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever pled Guilty, Nolo Contendre or First Offender to a Crime?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever received a sentence by a criminal court?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been:		
Sentenced to incarceration	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Placed in a holding cell	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Placed in a training school	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Placed in a military stockade	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Placed in a police lineup	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Placed on probation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Placed in jail	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Placed on parole	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Questioned as a suspect of a crime by the police?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever stolen money from an employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever intentionally stolen <i>anything</i> from an employer to include time, office supplies, etc. ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever stolen anything from a fellow employee?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you deliberately ‘short changed’ a customer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you deliberately destroyed property of an employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
After reaching your 17 <sup>th</sup> birthday, did you ever steal anything from a store?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you ever alter a price tag in a store?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever forged a check?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you ever intentionally write a bad check?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you ever steal anything from a vehicle?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you ever act as a lookout while someone else was committing a criminal act?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

☐ Yes      ☐ No

☐ Yes      ☐ No

☐ Yes      ☐ No

☐ Yes      ☐ No

☐ Yes      ☐ No

☐ Yes      ☐ No

☐ Yes      ☐ No

☐ Yes      ☐ No

☐ Yes      ☐ No

[illegible]

## CRIMINAL HISTORY INFORMATION CONTINUED

- ❖ The following are offenses, which have been established by the State of Georgia as prosecutable under the criminal code of the State of Georgia.
- ❖ Please check the offense or offenses that you have committed. This applies to all incidents that may or may not be known to law enforcement or the judicial system. If you check an offense, describe all circumstances on the following page. If you do not circle an offense it is assumed that you are stating that you have never committed that offense. This includes all detected and undetected crimes.

- |  |  |
|--|--|
| <input type="checkbox"/> CRIMINAL SOLICITATION                         | <input type="checkbox"/> CRIMINAL POSSESSION OF EXPLOSIVES               |
| <input type="checkbox"/> CONSPIRACY                                    | <input type="checkbox"/> CRIMINAL POSSESSION OF INCENDIARY               |
| <input type="checkbox"/> MURDER  | <input type="checkbox"/> THEFT   |
| <input type="checkbox"/> VOLUNTARY MANSLAUGHTER                        | <input type="checkbox"/> ARMED ROBBERY                                   |
| <input type="checkbox"/> INVOLUNTARY MANSLAUGHTER                      | <input type="checkbox"/> ROBBERY   |
| <input type="checkbox"/> AGGRAVATED ASSAULT                            | <input type="checkbox"/> FORGERY   |
| <input type="checkbox"/> BATTERY                                       | <input type="checkbox"/> ISSUANCE OF BAD CHECKS                          |
| <input type="checkbox"/> AGGRAVATED BATTERY                            | <input type="checkbox"/> ILLEGAL USE OF CREDIT CARD                      |
| <input type="checkbox"/> KIDNAPPING                                    | <input type="checkbox"/> FRAUD   |
| <input type="checkbox"/> FALSE IMPRISONMENT                            | <input type="checkbox"/> BRIBERY   |
| <input type="checkbox"/> HIJACKING                                     | <input type="checkbox"/> IMPERSONATING A PEACE OFFICER                   |
| <input type="checkbox"/> INTERFERENCE WITH CUSTODY                     | <input type="checkbox"/> GIVING FALSE INFORMATION                        |
| <input type="checkbox"/> CRUELTY TO CHILDREN                           | <input type="checkbox"/> FALSE REPORT OF A CRIME                         |
| <input type="checkbox"/> RECKLESS CONDUCT                              | <input type="checkbox"/> CONCEALING A DEATH                              |
| <input type="checkbox"/> FETICIDE                                      | <input type="checkbox"/> HINDERING APPREHENSION OF A CRIMINAL            |
| <input type="checkbox"/> RAPE  | <input type="checkbox"/> ESCAPE  |
| <input type="checkbox"/> AGGRAVATED SODOMY                             | <input type="checkbox"/> PERJURY   |
| <input type="checkbox"/> STATUTORY RAPE                                | <input type="checkbox"/> FALSE SWEARING                                  |
| <input type="checkbox"/> CHILD MOLESTATION                             | <input type="checkbox"/> EMBRACERY                                       |
| <input type="checkbox"/> BESTIALITY                                    | <input type="checkbox"/> INFLUENCING WITNESSES                           |
| <input type="checkbox"/> NECROPHILIA                                   | <input type="checkbox"/> TAMPERING WITH EVIDENCE                         |
| <input type="checkbox"/> PUBLIC INDECENCY                              | <input type="checkbox"/> TREASON   |
| <input type="checkbox"/> PROSTITUTION                                  | <input type="checkbox"/> INCITING AN INSURRECTION                        |
| <input type="checkbox"/> PIMPING                                       | <input type="checkbox"/> WIRETAPPING                                     |
| <input type="checkbox"/> PANDERING                                     | <input type="checkbox"/> EAVESDROPPING                                   |
| <input type="checkbox"/> SOLICITATION OF SODOMY                        | <input type="checkbox"/> PEEPING TOM                                     |
| <input type="checkbox"/> MASTURBATION FOR HIRE                         | <input type="checkbox"/> POSSESSION OF UNLAWFUL WEAPON                   |
| <input type="checkbox"/> BIGAMY  | <input type="checkbox"/> CARRYING A CONCEALED WEAPON                     |
| <input type="checkbox"/> INCEST  | <input type="checkbox"/> GAMBLING  |
| <input type="checkbox"/> SEXUAL BATTERY                                | <input type="checkbox"/> CONTRIBUTING TO THE DELINQUENCY OF A MINOR      |
| <input type="checkbox"/> BURGLARY                                      | <input type="checkbox"/> POSSESSION OR SALE OF ILLEGAL DRUGS/ SUBSTANCES |
| <input type="checkbox"/> POSSESSION OF TOOLS FOR COMMISSION OF A CRIME | <input type="checkbox"/> MANUFACTURING OR IMPORTING ILLEGAL DRUGS        |
| <input type="checkbox"/> CRIMINAL DAMAGE TO PROPERTY                   | <input type="checkbox"/> DRIVING UNDER THE INFLUENCE                     |
| <input type="checkbox"/> INTERFERENCE WITH GOVERNMENT PROPERTY         | <input type="checkbox"/> OBSTRUCTION OF AN OFFICER                       |
| <input type="checkbox"/> VANDALISM                                     | <input type="checkbox"/> ATTEMPTING TO ELUDE AN OFFICER                  |
| <input type="checkbox"/> ARSON   |  |



[illegible]

## DRIVING RECORD

### DRIVING HISTORY

- ❖ The following section deals with your current and past driving history. List everything regarding your driving history regardless of the type of incident and/or the time span since the incidents took place.

Do you have a driver's license? ☐ Yes ☐ No

Type: \_\_\_\_\_ Class: \_\_\_\_\_ Endorsements: \_\_\_\_\_

State of issue: \_\_\_\_\_ License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Does it contain restrictions? ☐ Yes ☐ No

If so, what type of restrictions \_\_\_\_\_

**List below all traffic citations or warnings you have received, excluding parking:**

Location	Date	Violation type	Disposition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever possessed an operator's license with a license number *other than the one listed above*?

☐ Yes ☐ No

If yes, provide:

Type: \_\_\_\_\_ Class: \_\_\_\_\_ Endorsements: \_\_\_\_\_

State of issue: \_\_\_\_\_ License #: \_\_\_\_\_

Does/did it contain restrictions? ☐ Yes ☐ No

If so, what type of restrictions \_\_\_\_\_

Have you ever failed to appear in court on a traffic citation(s) without settling the citation(s) prior to court? ☐ Yes ☐ No



Has your license ever been suspended or revoked for <u>any</u> reason?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been refused an operator's license by any state?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever obtained a license under an assumed (fake) name?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever committed a hit and run accident?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you ever leave the scene of an accident without giving assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been involved in any motor vehicle accident?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes, give complete details for each accident, whether collision or non-collision. Give dates, locations, causes of accidents, and who was legally at fault. Indicate whether or not there was a police investigation and whether or not there was injury.

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Have you ever been <u>charged</u> with driving under the influence of alcohol or drugs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, give full details and explanation or provide copy of police report:		

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Do you have any unpaid or pending traffic citations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain:		

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**AFFIDAVIT OF APPLICANT**

**TO BE SIGNED AND SWORN TO IN THE PRESENCE OF A  
NOTARY PUBLIC PRIOR TO TURNING IN FOR REVIEW**

I hereby certify that I have read and understand all questions and instructions in this questionnaire, and that my answers are true and complete.

I understand that any untruthful misstatement of material or omission of truthful facts will result in:

1. Immediate disqualification of my application or dismissal from employment with the Woodstock Police Department, and/or
2. Prosecution for the offense of False Swearing (Ga. Code Sec. 16-10-71), a felony punishable by a maximum fine of \$1,000.00 plus imprisonment for not less than one nor more than five years, or both.

I understand that the completed Background Investigation Questionnaire is the property of the Woodstock Police Department and will not be returned to the applicant, nor will it be copied, faxed, emailed, etc. to the applicant.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE SIGNED

STATE OF GEORGIA NOTARY PUBLIC AFFIDAVIT

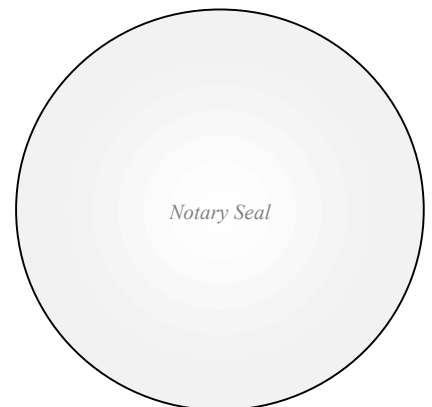
Before me personally appeared, \_\_\_\_\_, who says that he / she executes the above statement of his / her own free will and accord, with full knowledge of the purpose thereof.

Sworn to me and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_ Year \_\_\_\_\_.

Notary Public Name: \_\_\_\_\_

Notary Public Signature: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_



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